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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\* *EDS*\*\* FOREIGN APPLICATIONS \*\*\*\* *EDS*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

05/20/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 6	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Eds</i> Examiner's Signature <i>Eds</i>	Initials <i>EDS</i>			

## ADDRESS

22971

## TITLE

Recall device

FILING FEE RECEIVED 1614	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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